

# **South Carolina Retirement Systems**

## **Death Claims**

### **Customer Training Module**

# **Disclaimer**

**THIS PRESENTATION DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT WITH A MEMBER OF THE SOUTH CAROLINA RETIREMENT SYSTEMS.**

**This presentation is meant to serve as a guide but does not constitute a binding representation of the South Carolina Retirement Systems. The statutes governing the South Carolina Retirement Systems are found in Title 9 of the South Carolina Code of Laws, and should there be any conflict between this presentation and the statutes or Retirement Systems' policies, the statutes and policies will prevail.**

**Employers covered by the South Carolina Retirement Systems are not agents of the Retirement Systems.**

***Duplication of this presentation, either in part or in whole, is forbidden without the express written permission of the South Carolina Retirement Systems.***

# **Types of Death Claims**

## **Type I**

**May require employer information:**

- **Active member**
- **Working retired contributing member**
- **Retiree**
- **Inactive member**

## **Type II**

**Does not require employer information, generally:**

- **Beneficiary annuitant**
- **QDRO alternate payee of a retiree**

# **Primary Ways Retirement Systems Is Notified of a Death**

- **Employers**
- **Family and friends of the deceased**
- **Obituaries**
- **Social Security Administration (SSA)**
- **Department of Health & Environmental Control (DHEC)**
- **Funeral homes**

# How to Notify Retirement Systems When a Member Dies

- **Notify Customer Services by phone at (800) 868-9002 or (803) 737-6800, or by e-mail at [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov) as soon as possible**
- **Provide the member's name, Social Security number, date of death, and the appropriate contact name, address, and phone number**

# **Follow-up Process**

- **Follow-up letters are mailed monthly if the information requested has not been provided**
- **The file is marked unclaimed after the fourth request**
- **The death claim is paid once all of the requested/required information has been received**

# **Active Member Death Claims (Not Working Retiree)**

# **Types of Active Member Death Benefits**

- **Active Group Life Insurance, if eligible**
- **Refund of member contributions plus interest**
- **A monthly service annuity if the beneficiary is a living person and eligible**
- **A monthly disability annuity may be offered if the beneficiary is a living person, the member died while in the process of filing for disability, the disability application was on file for at least 30 days, the disability application was approved, and the active/disability retirement beneficiaries are the same**
- **Accidental Death Program (ADP) – Police Officers Retirement System (PORS) only**



# **When An Active Member Death Occurs**

- **Retirement Systems verifies member's designated beneficiaries**
- **Initial sympathy letter is mailed to the deceased active member's designated beneficiaries**

# **Active Member Sample Sympathy Letter**

# South Carolina Retirement Systems

## ACTIVE MEMBER DEATH – SAMPLE SYMPATHY LETTER

TEST TEST TEST TEST TEST

606 OXFORD ROAD  
LADSON SC 29456

SSN:  
Claim ID:  
System: SCRS  
Type: Active  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions you may have and otherwise assist you.

As you may be aware, you were designated as a beneficiary for benefits paid by the South Carolina Retirement System. We are in the process of contacting the employer to obtain information that we require in order to accurately calculate the benefit(s) you are due. Since we also require a death certificate for this calculation, we ask that you provide us with a death certificate (either an original or a certified true copy) as soon as one is available.

To ensure benefit payment integrity, we will also need your current mailing address and copies of your current driver's license and Social Security card. You may return these materials (death certificate, driver's license, Social Security card) to our office in the envelope we have provided. We ask that these materials be returned to South Carolina Retirement Systems at the earliest opportunity, since we are unable to make any benefit payments prior to their receipt.

Once we receive the employer information and the death certificate, we will calculate the benefits you are due and send you the paperwork that you should complete.

Again, we wish to extend our sympathy. If you have any questions or would like any further assistance, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

Enclosure

# **SCRS In-Service (Active) Death Benefits**

- **If under age 60, with less than one year of service:**
  - Active Group Life Insurance, if death was job-related and employer covered
  - Refund of employee contributions plus interest
- **If under age 60, with 1 – 14 years of service:**
  - Active Group Life Insurance, if employer covered
  - Refund of employee contributions plus interest

# **SCRS In-Service (Active) Death Benefits**

- **Age 60 or older and with at least 5 years of earned service:**
  - **Active Group Life Insurance, if employer covered**
  - **Beneficiary's choice of monthly annuity or refund of employee contributions plus interest**
- **Any age with 15 or more years of service; of which, 5 years must be earned:**
  - **Active Group Life Insurance, if employer covered**
  - **Beneficiary's choice of monthly annuity or refund of employee contributions plus interest**

# **PORS In-Service (Active) Death Benefits**

- **If under age 55 with less than 1 year of service:**
  - **Active Group Life Insurance, if job-related death and employer covered**
  - **Refund of employee contributions plus interest (minimum of \$1,000)**
  - **Accidental Death Program benefit, if job-related death and employer has ADP coverage**
- **If under age 55 with 1 – 14 years of service:**
  - **Active Group Life Insurance, if employer covered**
  - **Refund of employee contributions plus interest (minimum of \$1,000)**
  - **Accidental Death Program benefit if job-related death and employer has ADP coverage**

# **PORS In-Service (Active) Death Benefits**

- **At least 15 years of service; of which, 5 years must be earned:**
  - Active Group Life Insurance, if employer covered
  - Beneficiary's choice of monthly annuity or refund of contributions plus interest (minimum of \$1,000)
  - Accidental Death Program benefit if job-related death
- **At least age 55 and 5 years of earned service minimum:**
  - Active Group Life Insurance, if employer covered
  - Beneficiary's choice of monthly annuity or refund of contributions plus interest (minimum of \$1,000)
  - Accidental Death Program benefit if job-related death and employer pays for the coverage

# **In-Service (Active) Group Life**

***SC Code of Laws Section 9-1-1770***

***SC Code of Laws Section 9-11-120***

**“...a member is considered to be in service at the date of his death if the last day the member was employed in a continuous, regular pay status, while earning regular or unreduced wages and regular or unreduced retirement service credit, whether the member was physically working on that day or taking continuous accrued annual leave or sick leave while receiving a full salary, occurred not more than ninety days before the date of his death and he has not retired.”**

- Payment is equal to the member’s current annual earnable compensation**

- This is a one-time, tax-free insurance payment to the designated active group life beneficiary**



# **Documents Needed to Process an Active Member Death Claim**

- **An original death certificate**
- **Legible copy of each beneficiary's current driver's license (or state-issued ID card) and Social Security card**
- **Legible copy of the beneficiary's birth certificate and a Form 7202, if monthly benefit is selected**

**Form 7202**  
***Beneficiary***  
***Pension Withholding***  
***Certificate/Automatic***  
***Deposit Authorization***

**PENSION WITHHOLDING CERTIFICATE /  
AUTOMATIC DEPOSIT AUTHORIZATION**  
State Budget and Control Board  
South Carolina Retirement Systems  
Box 11960, Columbia, SC 29211-1960

Print or type in black ink

☐ Check box if new address

Payee Last Name & Suffix Doe	First/Middle Name Jane	Social Security Number 000-00-0000	Phone Number 803-000-0001
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Mailing Address 1 Main Street	City Columbia	State SC	ZIP+4 29229
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Check appropriate system:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> South Carolina Retirement System | <input type="checkbox"/> General Assembly Retirement System      | <input type="checkbox"/> Police Insurance and Annuity Fund      |
| <input type="checkbox"/> Police Officers Retirement System           | <input type="checkbox"/> Retirement System for Judges/Solicitors | <input type="checkbox"/> Accidental Death Program (police only) |
|  | <input type="checkbox"/> National Guard Retirement System        |   |

Indicate whether you are receiving checks as a retiree of one of the above systems or as a beneficiary from the account of a former member or retiree. (Note: Complete a separate form for each system and/or account if receiving multiple checks.)

<input type="checkbox"/> As a retiree	<input checked="" type="checkbox"/> As beneficiary of a former member or retiree	SSN of former member or retiree	111-11-1111
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**PENSION WITHHOLDING**

**FEDERAL INCOME TAX**

- ☐ Do not withhold federal income tax from my monthly benefits.
- ☒ Withhold federal income tax from my monthly benefits based on the tax table and exemptions claimed below.
- ☐ I want to have \$\_\_\_\_\_ (please round to the nearest dollar) per month withheld for federal income tax, if that amount is greater than the withholding based on tax tables and the exemptions claimed below. Otherwise, withhold in accordance with the tax tables. (Note: You must complete the marital status and exemption sections below.)

**MARITAL STATUS** ☒ Single or Widowed ☐ Married **EXEMPTIONS** <sup>01</sup> Enter Number of Exemptions Claimed

**SOUTH CAROLINA INCOME TAX**

Note: SC National Guard retirement income is exempt from SC withholding.

- ☐ Do not withhold South Carolina state income tax from my monthly benefits.
- ☒ Withhold South Carolina state income tax from my monthly benefits based on the tax table and (enter #) <sup>01</sup> exemptions.
- ☐ I want to have \$\_\_\_\_\_ (please round to nearest dollar) per month withheld for South Carolina state income tax. (Note: This amount cannot be less than \$10)

**AUTOMATIC DEPOSIT AUTHORIZATION**

Type of account  
(check one)

- ☐ checking  
☒ savings

All payees are encouraged to participate in direct deposit unless a special exemption is approved by the Retirement Systems.

TAPE A VOIDED CHECK HERE (no deposit slips or starter checks, please)

Complete information only if bank account has no checks.

Financial Institution's Name SC Bank	Transit/Routing Number 0000000000	Account Number 000000
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(Note: This form must be signed and dated. See notes on reverse side/page 2)

PAYEE'S SIGNATURE (or properly authorized attorney-in-fact under a Power of Attorney on file with SC Retirement Systems)

DATE

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Please call SC Retirement Systems Customer Service with any questions (800) 868-9002 (in state) or (803) 737-6800

# **Documents Needed to Process an Active Member's Death Claim**

- **A properly completed Form 4151 (Application For Death Benefits) from each beneficiary and if a lump sum payout is selected, either Form 4251 (Notice of Withholding Non-Periodic Distribution) or 4255 (Payroll Election Form)**
- **Original, raised seal Certificate of Appointment or original, raised seal Affidavit for Collection of Personal Property from Probate Court (If payment is to an estate)**
- **Properly completed Form 4152 (Certification of Salary of Deceased Member) from the employer**
- **Properly completed Form 6202 (Certification of Final Retirement Deductions) from the employer**

**Form 4151**  
***Beneficiary***  
***Election of Death***  
***Benefits***

Form 4151 Revised 03/13/2003 Page 1  Print or type in black ink		<b>ELECTION OF DEATH BENEFITS</b> State Budget and Control Board South Carolina Retirement Systems Customer Service Death Claims Box 11960, Columbia SC 29211-1960		<b>TYPE OF COVERAGE</b> <input type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> State ORP <input type="checkbox"/> JSRS <input type="checkbox"/> GARS Bene. _____ of _____	
Name of Decedent: JOHN DOE		Social Security Number: 000-00-0000			
Beneficiary's Name: JANE DOE		Relationship to Decedent: SPOUSE			
<b>SECTION I DEATH BENEFIT PAYMENT ELECTION</b>					
Please choose <u>ONE</u> of the death benefit payment selections by marking the appropriate box.		<b>PAYMENT SELECTION 1</b> <input type="checkbox"/>	<b>PAYMENT SELECTION 2</b> <input type="checkbox"/>	<b>PAYMENT SELECTION 3</b> <input type="checkbox"/>	
GROUP LIFE INSURANCE (Not taxable)	Active Member	\$24,000.00	\$24,000.00		
	Retired Member				
* PAYOUT OF CONTRIBUTIONS AND INTEREST	Pre-Tax Funds	\$10,000.00			
	After-Tax Funds				
** ESTIMATED MONTHLY SURVIVOR ANNUITY PAID FOR REMAINING LIFETIME OF BENEFICIARY	Service Retirement		\$550.00		
	Disability Retirement				
See page 2 for a detailed explanation of death benefit payment selections.  * Please review the enclosed Form 4251 or Form 4255 for tax information before making this selection. You must complete the enclosed Form 4251 or Form 4255 if you select a payout of contributions and interest. ** If you make a selection that pays a monthly annuity, please attach a copy of your birth certificate. You must also complete the enclosed Form 7202.					
<b>SECTION II SIGNATURE AND NOTARY</b>					
Beneficiary's Social Security Number: 000-00-0001		Address for Mailing Payment(s): 1995 19TH STREET E		Phone Number: 775 234 5678	
City: LOST TREE		State: MI	Zip+4: 77777-7777		
<b>SIGN IN BLUE INK</b>  BENEFICIARY'S SIGNATURE _____ DATE _____ <small>(Certified copy of legal authorization required with signature other than applicant's)</small>  WITNESS _____ DATE _____ <small>(Required only when signed by mark)</small>  STATE OF _____ COUNTY OF _____  ACKNOWLEDGED BEFORE ME THIS DATE _____ NOTARY NAME _____  MY COMMISSION EXPIRES _____ NOTARY SIGNATURE _____  NOTARY WORK TELEPHONE _____					
Return completed form to the SC Retirement Systems (see address above) Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800					

**Form 4251**  
***Beneficiary***  
***Notice of***  
***Withholding***

Form 4251 Revised 10/10/2001		<b>NOTICE OF WITHHOLDING</b> <b>Nonspouse Beneficiary Claims</b> State Budget and Control Board - South Carolina Retirement Systems Customer Death Claims Unit PO Box 11960, Columbia SC 29211-1960		<b>OFFICE USE ONLY</b> System: <input checked="" type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> JSRS <input type="checkbox"/> GARS	
Name of Deceased Member/Retiree: JOHN DOE		Decedent's Social Security Number: 000-00-0000			
Name of Beneficiary: MONROE PAD		Beneficiary's SSN: 000-00-0008			
<b>SECTION I Payout of decedent's retirement contributions and interest</b>					
<b>FEDERAL INCOME TAX WITHHOLDING</b>					
<p>The taxable portion of your lump-sum distribution is subject to federal income tax withholding. The taxable portion consists of all interest, plus retirement contributions deducted after July 1, 1982, plus any rollovers to purchase service. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.</p> <p>Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your lump-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.</p> <p>Check the appropriate box(es) below:</p> <p><input type="checkbox"/> I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p> <p style="padding-left: 40px;"><input type="checkbox"/> I WANT AN ADDITIONAL \$ _____ WITHHELD FROM THIS PAYMENT (must also check box above).</p> <p><input checked="" type="checkbox"/> I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p>					
<b>SECTION II Payout of decedent's Teacher and Employee Retention Incentive (TERI) funds</b>					
<b>FEDERAL INCOME TAX WITHHOLDING</b>					
<p>The taxable portion of your single-sum distribution is subject to federal income tax withholding. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.</p> <p>Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your single-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.</p> <p>Check the appropriate box(es) below:</p> <p><input checked="" type="checkbox"/> I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> I WANT AN ADDITIONAL \$ <u>500.00</u> WITHHELD FROM THIS PAYMENT (must also check box above).</p> <p><input type="checkbox"/> I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p>					
<b>SOUTH CAROLINA INCOME TAX WITHHOLDING</b>					
<p>The taxable portion of this single-sum distribution may also be subject to South Carolina income taxes. No SC state taxes are required to be withheld from your distribution; however, if you wish for SC state taxes to be withheld, you may specify a flat dollar amount to be withheld.</p> <p>Check the appropriate box below:</p> <p><input checked="" type="checkbox"/> I WANT \$ <u>800.00</u> SOUTH CAROLINA INCOME TAX WITHHELD FROM THIS PAYMENT.</p> <p><input type="checkbox"/> I DO NOT WANT SOUTH CAROLINA STATE INCOME TAX WITHHELD FROM THIS PAYMENT.</p>					
<b>SECTION III Please read the information above before signing this form IN BLUE INK.</b>					
<p>I hereby certify I have read and understand the information above, and I agree to the terms stated.</p> <p style="text-align: center;">Signature of Beneficiary: _____ Date: _____</p> <p style="text-align: center;">Please call SC Retirement Systems Customer Service with any questions: 800-868-9002 (in state) or 803-737-6800.</p>					



**Form 4255**  
***Beneficiary***  
***Payout Election Form***

**PAYOUT ELECTION FORM**

State Budget and Control Board - South Carolina Retirement Systems  
Customer Death Claims Unit

OFFICE USE ONLY  
System:  
☒ SCRS ☐ GARS  
☐ FERS ☐ JSRS

Name of Deceased Member/Retiree:  
JOHN DOE

Decedent's Social Security Number:  
000-00-0000

Name of Beneficiary:  
JANE DOE

Beneficiary's SSN:  
000-00-0001

**SECTION I PAYOUT OF DECEDENT'S RETIREMENT CONTRIBUTIONS AND INTEREST** (See page 2 of this form for detailed explanation.)

Contributions and interest total \$10,000 Of this amount, up to \$6500.00 is eligible for rollover.

Please select ONE of the payment methods below:

<input type="checkbox"/> <b>Lump-Sum Payment</b> Pay all of the decedent's retirement contributions and interest (less required federal tax withholding) directly to me.	<input checked="" type="checkbox"/> <b>Direct Rollover</b> Rollover the amount eligible (taxable portion) to the IRA/plan named below. The portion you rollover will not be taxed until you take it out of the IRA/plan. (Information must be provided below.)	<input type="checkbox"/> <b>Partial Rollover</b> Rollover the partial amount of \$ to the IRA/plan named below. Pay the remaining balance (less required federal tax withholding) directly to me in a lump-sum payment. (Information must be provided below.)
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Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION II PAYOUT OF DECEDENT'S TEACHER AND EMPLOYEE RETENTION INCENTIVE (TERI) FUNDS** (See page 2 of this form for detailed explanation.)

TERI funds total \$50,000 Of this amount, up to \$49,000 is eligible for rollover.

Please select ONE of the payment methods below:

<input type="checkbox"/> <b>Single-Sum Payment</b> Pay all of the decedent's TERI funds (less required federal tax withholding) directly to me.	<input checked="" type="checkbox"/> <b>Direct Rollover</b> Rollover the amount eligible (taxable portion) to the IRA/plan named below. The portion you rollover will not be taxed until you take it out of the IRA/plan. (Information must be provided below.)	<input type="checkbox"/> <b>Partial Rollover</b> Rollover the partial amount of \$ to the IRA/plan named below. Pay the remaining balance (less required federal tax withholding) directly to me in a single-sum payment. (Information must be provided below.)
---	--	---

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION III PLEASE READ THE INFORMATION ON PAGE 2 BEFORE SIGNING THIS FORM IN BLUE INK.**

I hereby certify I have read and understand the information on page 2, including all tax information, and I agree to the terms stated.

SIGNATURE OF BENEFICIARY \_\_\_\_\_ DATE \_\_\_\_\_ (MM-DD-YYYY)

**Form 4152**  
***Employer***  
***Certification of Salary***  
***for a Deceased***  
***Member***

SOUTH CAROLINA RETIREMENT SYSTEMS  
CERTIFICATION OF SALARY FOR A DECEASED MEMBER

Complete this form within 10 days. Please *do not estimate* any amounts.

ANY EMPLOYER  
ANY ADDRESS

SSN: 000-00-0000  
MBRNAME: JOHN DOE  
SCRS OR PORS / APPLID  
DOD: 4/1/2006  
EMP CODE: 000.00

**Section 1. Salary Information**

Budgeted Salary as of the date of death: \$24,000.00  
Amount paid during the last full four quarters: 0  
Additional compensation paid (for which retirement contributions were withheld)\*: 0  
Annual Earnable Compensation: \$24,000.00  
State reason for additional payment: \_\_\_\_\_

**Section 2. Last Day of Employee Earned Compensation**

Indicate the last day the employee earned compensation from your agency in a continuous regular pay status from which  
retirement contributions were deducted: 3/31/2006  
Date of termination: 3/31/2006  
Date of final paycheck: 4/16/2006  
Paychecks per year: 24 Amount of each paycheck: \$1,000.00 (\$100.00 week, \$250.00 semi-monthly, etc.)  
Change in payroll status: 7 / 1 / 2005 Annual budgeted salary from \$23,000 to \$24,000  
Was the employee's death the result of an injury that occurred while performing his/her job duties? ☐ Yes ☒ No  
Please explain: \_\_\_\_\_

**Section 3. Employment Status**

Employee's Position Title: Clerk  
Employee's employment status as of the date of death (check one):  
☐ Actively working  
☐ On annual leave (date leave began): 1/1/2006  
☐ On furlough (date furlough began): \_\_\_\_\_  
☐ Terminated (date of termination): \_\_\_\_\_  
☐ Leave without pay (See \*\* below)  
☐ Unpaid leave through employer leave pool (date leave began): \_\_\_\_\_  
Please explain: \_\_\_\_\_

Please use the space below to indicate any and all periods of unpaid leave for this employee within the last twelve months of the  
death. Attach additional pages if necessary. \_\_\_\_\_

**Form 6202**  
***Employer***  
***Certification of Final***  
***Retirement***  
***Deductions***

complete this form within 10 days after issuance of the employee's final paycheck. Please *do not estimate* amounts. Your receipt of this form indicates *only* that this employee has filed an application. It does not te that the application has been approved.

PAYROLL DEPARTMENT

SSN: 000-00-0004

SCRS OR PORS /DOD 9/12/2006

Emp Code: 000.00

**JOHN DOE IV**

Retirement Date:

**NON-TERI DEATH**

**SECTION 1: Final Two Quarters of Active Employment (as they will appear on the Quarterly Reports)**

**TO LAST QUARTER**

Quarter End Date	Period Compensation	Contribution	Contract Length	Months Paid
06/30/2006	\$7,883.62	\$512.44	12	3

**QUARTER EARNINGS**

Quarter End Date	Period Compensation	Contribution	Contract Length	Months Paid
09/30/2006	\$6,757.38	\$439.23	12	3
ent for 25 Annual				
Days	+ \$4,306.00	\$279.89		

**AL LAST QUARTER\*** = \$11,063.38 = \$719.12

*total Last Quarter listed above must agree with your final Quarterly Report for this member.*

**SECTION 2: Accrued Sick Leave at Retirement**

**Unused Sick Leave Days.** Member may receive credit for up to 90 days of unused sick leave towards service at retirement, regardless of whether the days were paid or unpaid.

**SECTION 3: Payroll Information at Retirement**

ay of employee earned compensation	9/12/2006	Budgeted annual salary	\$29,282.00
f termination (see instructions)	9/12/2006	Daily rate of pay	\$ 172.24
f final pay check	9/26/2006	Paychecks per year	26

ast day of earned compensation and date of termination are different, please check reason:

'ers' Compensation ☐ Leave of Absence ☐ Other: date of retirement

employee was working other than a 7.5 or 8 hour work day (i.e. 10, 12, 24 hour shift), please enter the following:

rate of pay: \$ 14.35 Number of hours in a shift: 12

**SECTION 4: School & Higher Education Employees**

s employee complete the contract for the full school year? ☐ Yes ☐ No

ow many days was this employee compensated? \_\_\_\_\_ days

**our Contract Periods:**

ar	Contract Days	Contract Salary	Additional Payments	Reason for Additional Payment(s)
			\$126.42 OT	
			\$386.57 OT	

# **Working Retired Contributing Member Death Claims**

# **When A Working Retired Contributing Member Death Occurs**

- **The employer must be covered for Group Life Insurance upon death of retired contributing member**
- **The beneficiary of a covered SCRS or PORS working retired contributing member will be eligible for Group Life Insurance equal to one year's annual salary – in lieu of \$2,000, \$4,000, \$6,000 post-retirement group life insurance**
- **This is a one-time, tax-free insurance payment to the retiree's designated beneficiary**



# **Working Retiree Sample Sympathy Letter**

# South Carolina Retirement Systems

## Working Retiree Death - Sample Sympathy Letter – No Benefits Due

TEST TEST TEST TEST TEST

TO THE FAMILY OF

~~PO BOX 1040~~  
~~PAGELAND SC 29728~~

SSN: [REDACTED]  
Claim ID: [REDACTED]  
System: SCRS  
Type: Retiree  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions your family may have and assist you in settling the estate.

Your family member was receiving a monthly benefit from the Retirement Systems. The final monthly benefit was issued on 09/30/2002. We have reviewed our records and verified that there are no additional benefits due. Because no additional benefits are due, we do not require any action on your part at this time.

Again, the Retirement Systems wishes to extend its sympathy to your family. Should you have any questions about this letter or require assistance with any retirement matter, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

# South Carolina Retirement Systems

## Working Retiree Death - Sample Sympathy Letter – Benefits Due

TEST TEST TEST TEST TEST

~~210 ACADEMY ROAD  
WALTERBORO SC 29488-8252~~

SSN: [REDACTED]  
Claim ID: [REDACTED]  
System: SCRS  
Type: Retiree  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions you may have and otherwise assist you.

As you may be aware, you were designated as a beneficiary for benefits paid by the South Carolina Retirement System. Please complete the appropriate Claim Form 4153, sign and date it, have it properly notarized, and return the form to the South Carolina Retirement Systems. If the estate is identified as the beneficiary above, then the person handling the estate should complete Form 4153. We also ask that you provide our office copies of your current driver's license and Social Security card. In addition, our office requires a death certificate (either an original or a certified true copy) as soon as one is available.

We have also enclosed any other form(s), such as a tax withholding form, which you should complete. We ask that these materials be returned to the South Carolina Retirement Systems at the earliest opportunity, since we are unable to pay benefits prior to their receipt.

Again, the Retirement System wishes to extend its sympathy to your family. If you have any questions or would like any further assistance, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

Enclosures

# **Documents Needed to Process a Working Retired Contributing Member Death Claim**

- **Original, raised seal Certificate of Appointment or original, raised seal Affidavit for Collection of Personal Property from Probate Court (if an estate)**
- **Beneficiary's original, certified death certificate, if beneficiary has predeceased the retiree**

# **Documents Needed to Process a Working Retired Contributing Member Death Claim**

- **Original, certified death certificate**
- **Legible copy of each beneficiary's current driver's license (or state-issued ID card) and Social Security card**
- **Properly completed Form 4153 (Claim and Proof of Death) from each beneficiary**
- **If needed, properly completed Form 4251 (Notice of Withholding Non-Periodic Distribution) or 4255 (Payroll Election Form)**

# **Documents Needed to Process a Working Retired Contributing Member Death Claim**

- **Properly completed Form 4152 (Certification of Salary of Deceased Member) from the employer**
- **Properly completed Form 4250 (Certification of Final Retirement Deductions For A Deceased Retired Member)**
- **Properly completed Form 6202 (Certification of Final Retirement Deductions) from the employer, if necessary.**

**Form 4153**  
***Beneficiary***  
***Claim and Proof***  
***of Death***

**CLAIM AND PROOF OF DEATH**  
**State Budget and Control Board**  
**South Carolina Retirement Systems**  
**Death Claims Processing**  
**PO Box 11960, Columbia SC 29211-1960**

Deceased Retiree/Beneficiary: <b>JOHN DOE</b>	Decedent's Social Security Number: <b>000-00-0000</b>
--	--

**Section I Claimant**

Name: <b>JANE DOE</b>	Social Security Number: <b>000-00-0001</b>
-----------------------	--

Address: **1900 PARK AVENUE**

City: <b>COLUMBIA</b>	State: <b>SC</b>	Zip + 4: <b>29202</b>	Telephone: <b>803-123-4567</b>
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Relationship to Decedent: ☒ Beneficiary ☐ Personal Representative ☐ Both Beneficiary and Personal Representative

**Section II Notary Statement**

CLAIMANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Certified copy of legal authorization required with signature other than applicant's)

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

(Required only when signed by mark)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

ACKNOWLEDGED BEFORE ME THIS DATE \_\_\_\_\_ NOTARY NAME \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_ NOTARY SIGNATURE \_\_\_\_\_

NOTARY WORK TELEPHONE \_\_\_\_\_

**Section III Proof of Death**

**For all claims, please forward the following:**

**Certificate of Death of Retiree/Beneficiary - Either an original or a certified true copy.**

**Copy of Each Claimant's Driver's License.**

**Copy of Each Claimant's Social Security Card.**

**For only those claims to be paid to the decedent's estate, please forward one of these documents:**

**Certificate of Appointment for the Personal Representative - Written statement of qualification enabling an individual to handle the estate of the decedent. This may be obtained through Probate Court.**

**OR**

**Affidavit for Collection of Personal Property - A legal document provided when a decedent's estate is valued under \$10,000. This may be obtained through Probate Court.**

**A MINOR CLAIMANT (UNDER AGE 18) SHOULD NOT COMPLETE THIS FORM. RATHER, THE FORM SHOULD BE COMPLETED BY THE MINOR CLAIMANT'S CONSERVATOR OR LEGAL GUARDIAN. PLEASE FORWARD CERTIFICATE OF APPOINTMENT OR OTHER LEGAL DOCUMENTATION.**

Please complete and return this form, along with the appropriate documents, to the address shown above as soon as possible to ensure prompt, accurate payment(s).

Call our Customer Service Department with any questions: 1-800-868-9002 (in state) or 803-737-6800.



**Form 4251**  
***Beneficiary***  
***Notice of***  
***Withholding***

Form 4251 Revised 10/10/2001	<b>NOTICE OF WITHHOLDING</b> <b>Nonspouse Beneficiary Claims</b> State Budget and Control Board - South Carolina Retirement Systems Customer Death Claims Unit PO Box 11960, Columbia SC 29211-1960	<b>OFFICE USE ONLY</b> System: <input checked="" type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> JSRS <input type="checkbox"/> GARS
Name of Deceased Member/Retiree: JOHN DOE		Decedent's Social Security Number: 000-00-0000
Name of Beneficiary: MONROE PAD		Beneficiary's SSN: 000-00-0008
<b>SECTION I Payout of decedent's retirement contributions and interest</b>		
<b>FEDERAL INCOME TAX WITHHOLDING</b>		
<p>The taxable portion of your lump-sum distribution is subject to federal income tax withholding. The taxable portion consists of all interest, plus retirement contributions deducted after July 1, 1982, plus any rollovers to purchase service. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.</p> <p>Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your lump-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.</p> <p>Check the appropriate box(es) below:</p> <p><input type="checkbox"/> I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p> <p style="padding-left: 40px;"><input type="checkbox"/> I WANT AN ADDITIONAL \$ _____ WITHHELD FROM THIS PAYMENT (must also check box above).</p> <p><input checked="" type="checkbox"/> I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p>		
<b>SECTION II Payout of decedent's Teacher and Employee Retention Incentive (TERI) funds</b>		
<b>FEDERAL INCOME TAX WITHHOLDING</b>		
<p>The taxable portion of your single-sum distribution is subject to federal income tax withholding. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.</p> <p>Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your single-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.</p> <p>Check the appropriate box(es) below:</p> <p><input checked="" type="checkbox"/> I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> I WANT AN ADDITIONAL \$ <u>500.00</u> WITHHELD FROM THIS PAYMENT (must also check box above).</p> <p><input type="checkbox"/> I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.</p>		
<b>SOUTH CAROLINA INCOME TAX WITHHOLDING</b>		
<p>The taxable portion of this single-sum distribution may also be subject to South Carolina income taxes. No SC state taxes are required to be withheld from your distribution; however, if you wish for SC state taxes to be withheld, you may specify a flat dollar amount to be withheld.</p> <p>Check the appropriate box below:</p> <p><input checked="" type="checkbox"/> I WANT \$ <u>800.00</u> SOUTH CAROLINA INCOME TAX WITHHELD FROM THIS PAYMENT.</p> <p><input type="checkbox"/> I DO NOT WANT SOUTH CAROLINA STATE INCOME TAX WITHHELD FROM THIS PAYMENT.</p>		
<b>SECTION III Please read the information above before signing this form IN BLUE INK.</b>		
I hereby certify I have read and understand the information above, and I agree to the terms stated.		
Signature of Beneficiary: _____ Date: _____		
Please call SC Retirement Systems Customer Service with any questions: 800-868-9002 (in state) or 803-737-6800.		

**Form 4255**  
***Beneficiary***  
***Payout Election Form***

**PAYOUT ELECTION FORM**

State Budget and Control Board - South Carolina Retirement Systems  
Customer Death Claims Unit

OFFICE USE ONLY  
System:  
☒ SCRS ☐ GARS  
☐ FERS ☐ JSRS

Name of Deceased Member/Retiree:  
JOHN DOE

Decedent's Social Security Number:  
000-00-0000

Name of Beneficiary:  
JANE DOE

Beneficiary's SSN:  
000-00-0001

**SECTION I PAYOUT OF DECEDENT'S RETIREMENT CONTRIBUTIONS AND INTEREST** (See page 2 of this form for detailed explanation.)

Contributions and interest total \$10,000 Of this amount, up to \$6500.00 is eligible for rollover.

Please select ONE of the payment methods below:

<input type="checkbox"/> <b>Lump-Sum Payment</b> Pay all of the decedent's retirement contributions and interest (less required federal tax withholding) directly to me.	<input checked="" type="checkbox"/> <b>Direct Rollover</b> Rollover the amount eligible (taxable portion) to the IRA/plan named below. The portion you rollover will not be taxed until you take it out of the IRA/plan. (Information must be provided below.)	<input type="checkbox"/> <b>Partial Rollover</b> Rollover the partial amount of \$ to the IRA/plan named below. Pay the remaining balance (less required federal tax withholding) directly to me in a lump-sum payment. (Information must be provided below.)
--	--	---

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION II PAYOUT OF DECEDENT'S TEACHER AND EMPLOYEE RETENTION INCENTIVE (TERI) FUNDS** (See page 2 of this form for detailed explanation.)

TERI funds total \$50,000 Of this amount, up to \$49,000 is eligible for rollover.

Please select ONE of the payment methods below:

<input type="checkbox"/> <b>Single-Sum Payment</b> Pay all of the decedent's TERI funds (less required federal tax withholding) directly to me.	<input checked="" type="checkbox"/> <b>Direct Rollover</b> Rollover the amount eligible (taxable portion) to the IRA/plan named below. The portion you rollover will not be taxed until you take it out of the IRA/plan. (Information must be provided below.)	<input type="checkbox"/> <b>Partial Rollover</b> Rollover the partial amount of \$ to the IRA/plan named below. Pay the remaining balance (less required federal tax withholding) directly to me in a single-sum payment. (Information must be provided below.)
---	--	---

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION III PLEASE READ THE INFORMATION ON PAGE 2 BEFORE SIGNING THIS FORM IN BLUE INK.**

I hereby certify I have read and understand the information on page 2, including all tax information, and I agree to the terms stated.

SIGNATURE OF BENEFICIARY \_\_\_\_\_ DATE \_\_\_\_\_ (MM-DD-YYYY)

**Form 4152**  
***Employer***  
***Certification of Salary***  
***for a Deceased***  
***Member***

SOUTH CAROLINA RETIREMENT SYSTEMS  
CERTIFICATION OF SALARY FOR A DECEASED MEMBER

Complete this form within 10 days. Please *do not estimate* any amounts.

ANY EMPLOYER  
ANY ADDRESS

SSN: 000-00-0000  
MBRNAME: JOHN DOE  
SCRS OR PORS / APPLID  
DOD: 4/1/2006  
EMP CODE: 000.00

**Section 1. Salary Information**

Budgeted Salary as of the date of death:	\$ 24,000.00
Amount paid during the last full four quarters:	0
Additional compensation paid (for which retirement contributions were withheld)*:	0
Annual Earnable Compensation:	\$ 24,000.00
State reason for additional payment:	

**Section 2. Last Day of Employee Earned Compensation**

Indicate the last day the employee earned compensation from your agency in a continuous regular pay status from which retirement contributions were deducted: 3/31/2006

Date of termination: 3/31/2006  
Date of final paycheck: 4/16/2006  
Paychecks per year: 24 Amount of each paycheck: \$1,000.00 (\$100.00 week, \$250.00 semi-monthly, etc.)  
Change in payroll status: 7 / 1 / 2005 Annual budgeted salary from \$23,000 to \$24,000

Was the employee's death the result of an injury that occurred while performing his/her job duties? ☐ Yes ☒ No  
Please explain: \_\_\_\_\_

**Section 3. Employment Status**

Employee's Position Title: Clerk  
Employee's employment status as of the date of death (check one):  
☐ Actively working  
☐ On annual leave (date leave began): \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ On furlough (date furlough began): \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Terminated (date of termination): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sick leave (date leave began): 1/1/2006  
Unpaid leave without pay (See \*\* below)  
Unpaid leave through employer leave pool (date leave began): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Other (please explain): \_\_\_\_\_

Please use the space below to indicate any and all periods of unpaid leave for this employee within the last twelve months of the death. Attach additional pages if necessary. \_\_\_\_\_

**Form 4250**  
***Employer***  
***Certification of Final***  
***Retirement***  
***Deductions For A***  
***Deceased Retired***  
***Member***

**CERTIFICATION OF FINAL RETIREMENT DEDUCTIONS  
FOR A DECEASED RETIRED MEMBER**

complete this form within 10 days after issuance of the employee's final paycheck. Please *do not estimate* any amounts. *Do not active member wages on this form. Active wages and contributions should be reported on Form 6202/6203.*

ANY EMPLOYER

SSN: 000-00-000

**JOHN DOE**

SCRS OR PORS

DOD : 11/04/2006

Emp Code: 000.00

**SECTION 1: Final Quarters of Compensation (as they will appear on the Quarterly Reports)**

Compensation and contribution information from your most recent Quarterly Report for the above retiree is shown below. Please verify this information to ensure that it is correct. If any information below is not correct, please strike through it, supply the correct information for that quarter, and initial and date your correction. We also ask that you provide the compensation and contributions for subsequent quarters of the retiree's employment.

Quarter Begin Date:  
/2006

Quarter End Date:  
03/31/2006

Period Compensation:  
\$6,000.00

Contribution:  
\$375.00

**1st QUARTER**

Quarter End Date	Period Compensation	Contribution	Contract Length	Months Paid
<u>09/30/2006</u>	<u>12,218.46</u>	<u>794.20</u>	<u>12</u>	<u>3</u>

**2nd QUARTER**

Quarter End Date	Period Compensation	Contribution	Contract Length	Months Paid
<u>12/31/2006</u>	<u>8,145.64</u>	<u>529.47</u>	<u>12</u>	<u>2</u>
Unused Contract Leave Days	+ <u>6,060.42</u>	+ <u>393.93</u>		
<b>Total For Quarter</b>	= <u>14,206.06</u>	= <u>923.40</u>		

Number of days in a contract or normal work year: 260

Daily rate of pay: 187.98

If the employee was working other than a 7.5 or 8 hour work day (i.e. 10, 12, 24 hour shift), please enter the following:  
Number of hours in a shift: \_\_\_\_\_ \* Hourly rate of pay: \_\_\_\_\_

**SECTION 2: Certification**

I certify that the information I have provided above, including any corrections, is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Date) (Authorized Signature) (Business Phone/Ext) (Fax Number)



**Form 6202**  
***Employer***  
***Certification of Final***  
***Retirement***  
***Deductions***

complete this form within 10 days after issuance of the employee's final paycheck. Please *do not estimate* amounts. Your receipt of this form indicates *only* that this employee has filed an application. It does not te that the application has been approved.

PAYROLL DEPARTMENT

SSN: 000-00-0004

SCRS OR PORS /DOD 9/12/2006

Emp Code: 000.00

**JOHN DOE IV**

Retirement Date:

**NON-TERI DEATH****SECTION 1: Final Two Quarters of Active Employment (as they will appear on the Quarterly Reports)****TO LAST QUARTER**

Quarter End Date	Period Compensation	Contribution	Contract Length	Months Paid
06/30/2006	\$7,883.62	\$512.44	12	3

**QUARTER EARNINGS**

Quarter End Date	Period Compensation	Contribution	Contract Length	Months Paid
09/30/2006	\$6,757.38	\$439.23	12	3
ent for 25 Annual				
Days	+ \$4,306.00	\$279.89		

**AL LAST QUARTER\*** = \$11,063.38 = \$719.12

*total Last Quarter listed above must agree with your final Quarterly Report for this member.*

**SECTION 2: Accrued Sick Leave at Retirement**

**Unused Sick Leave Days.** Member may receive credit for up to 90 days of unused sick leave towards service at retirement, regardless of whether the days were paid or unpaid.

**SECTION 3: Payroll Information at Retirement**

ay of employee earned compensation	9/12/2006	Budgeted annual salary	\$29,282.00
f termination (see instructions)	9/12/2006	Daily rate of pay	\$ 172.24
f final pay check	9/26/2006	Paychecks per year	26

ast day of earned compensation and date of termination are different, please check reason:

Workers' Compensation ☐ Leave of Absence ☐ Other: date of retirement

employee was working other than a 7.5 or 8 hour work day (i.e. 10, 12, 24 hour shift), please enter the following:

rate of pay: \$ 14.35 Number of hours in a shift: 12

**SECTION 4: School & Higher Education Employees**

Does employee complete the contract for the full school year? ☐ Yes ☐ No

How many days was this employee compensated? \_\_\_\_\_ days

**Our Contract Periods:**

Contract Days	Contract Salary	Additional Payments	Reason for Additional Payment(s)
		\$126.42 OT	
		\$386.57 OT	

# **Retiree Death Claims (Not Working Contributing Retirees)**

# **When a Retiree Death Occurs**

**If no benefits are payable:**

- Retirement Systems verifies no benefits payable by confirming payment plan and designated beneficiaries**
- Initial sympathy letter is mailed**

# **When a Retiree Death Occurs**

**If benefits are payable:**

- **Retirement Systems confirms the payment plan and designated beneficiaries**
- **Initial sympathy letter is mailed to each beneficiary with the appropriate death claim forms attached**

**Retiree  
(Not working)  
Sample  
Sympathy  
Letter**

# South Carolina Retirement Systems

## Retiree Death - Sample Sympathy Letter – No Benefits Due

TEST TEST TEST TEST TEST

TO THE FAMILY OF

~~PO BOX 1040~~  
~~PAGELAND SC 29728~~

SSN: [REDACTED]  
Claim ID: [REDACTED]  
System: SCRS  
Type: Retiree  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions your family may have and assist you in settling the estate.

Your family member was receiving a monthly benefit from the Retirement Systems. The final monthly benefit was issued on 09/30/2002. We have reviewed our records and verified that there are no additional benefits due. Because no additional benefits are due, we do not require any action on your part at this time.

Again, the Retirement Systems wishes to extend its sympathy to your family. Should you have any questions about this letter or require assistance with any retirement matter, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

# South Carolina Retirement Systems

## RETIREE DEATH – SAMPLE SYMPATHY LETTER-BENEFITS DUE

TEST TEST TEST TEST TEST

~~210 ACADEMY ROAD~~  
~~WALTERBORO SC 29488-8252~~

SSN: [REDACTED]  
Claim ID: [REDACTED]  
System: SCRS  
Type: Retiree  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions you may have and otherwise assist you.

As you may be aware, you were designated as a beneficiary for benefits paid by the South Carolina Retirement System. Please complete the appropriate Claim Form 4153, sign and date it, have it properly notarized, and return the form to the South Carolina Retirement Systems. If the estate is identified as the beneficiary above, then the person handling the estate should complete Form 4153. We also ask that you provide our office copies of your current driver's license and Social Security card. In addition, our office requires a death certificate (either an original or a certified true copy) as soon as one is available.

We have also enclosed any other form(s), such as a tax withholding form, which you should complete. We ask that these materials be returned to the South Carolina Retirement Systems at the earliest opportunity, since we are unable to pay benefits prior to their receipt.

Again, the Retirement System wishes to extend its sympathy to your family. If you have any questions or would like any further assistance, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

Enclosures



# **Types of Retiree Death Payments**

- **The full benefit for the month the retiree died is payable to the designated beneficiary if it has not already been paid to retiree**
- **Other retiree death claim payouts may be made, depending on the payment plan selected at retirement**
- **Retiree Group Life Insurance, if eligible**

# **Retiree Group Life Insurance**

- **Paid if the most recent employer prior to retirement is covered on the date of death or the date of retirement**
- **Retiree Group Life is based on total service credit**
- **Service credit in correlated systems (SCRS, PORS, GARS) is reviewed together to determine Retiree Group Life payment**
- **This is a one-time, tax-free insurance payment to the retiree's designated beneficiary**

# **Retiree Group Life Insurance Benefit**

## **SCRS**

- **10 to 19 years of service \$2,000**
- **20 to 27 years of service \$4,000**
- **28 or more years of service \$6,000**

## **PORS**

- **10 to 19 years of service \$2,000**
- **20 to 24 years of service \$4,000**
- **25 or more years of service \$6,000**

# **Documents Needed To Process A Non-Working Retiree Death Claim**

- **Original, certified death certificate**
- **Legible copy of each beneficiary's current driver's license (or state-issued ID card) and Social Security card**
- **Properly completed Form 4153 (Claim Proof of Death) from each beneficiary**
- **Properly completed Form 4251 (Notice of Withholding Non-Periodic Distribution) or 4255 (Payroll Election Form)-if necessary**

# **Documents Needed To Process A Non-Working Retiree Death Claim**

- **Original, raised seal Certificate of Appointment or original, raised seal Affidavit for Collection of Personal Property from Probate Court (if an estate)**
- **Beneficiary's original, certified death certificate, if applicable**
- **Properly completed Form 6202 (Certification of Final Retirement Deductions) from the employer, if necessary.**

**Form 4153**  
***Beneficiary***  
***Claim and Proof***  
***of Death***

**CLAIM AND PROOF OF DEATH**  
**State Budget and Control Board**  
**South Carolina Retirement Systems**  
**Death Claims Processing**  
**PO Box 11960, Columbia SC 29211-1960**

Deceased Retiree/Beneficiary: <b>JOHN DOE</b>	Decedent's Social Security Number: <b>000-00-0000</b>
--	--

**Section I Claimant**

Name: <b>JANE DOE</b>	Social Security Number: <b>000-00-0001</b>
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Address: **1900 PARK AVENUE**

City: <b>COLUMBIA</b>	State: <b>SC</b>	Zip + 4: <b>29202</b>	Telephone: <b>803-123-4567</b>
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Relationship to Decedent: ☒ Beneficiary ☐ Personal Representative ☐ Both Beneficiary and Personal Representative

**Section II Notary Statement**

CLAIMANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Certified copy of legal authorization required with signature other than applicant's)

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

(Required only when signed by mark)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

ACKNOWLEDGED BEFORE ME THIS DATE \_\_\_\_\_ NOTARY NAME \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_ NOTARY SIGNATURE \_\_\_\_\_

NOTARY WORK TELEPHONE \_\_\_\_\_

**Section III Proof of Death**

**For all claims, please forward the following:**

**Certificate of Death of Retiree/Beneficiary - Either an original or a certified true copy.**

**Copy of Each Claimant's Driver's License.**

**Copy of Each Claimant's Social Security Card.**

**For only those claims to be paid to the decedent's estate, please forward one of these documents:**

**Certificate of Appointment for the Personal Representative - Written statement of qualification enabling an individual to handle the estate of the decedent. This may be obtained through Probate Court.**

**OR**

**Affidavit for Collection of Personal Property - A legal document provided when a decedent's estate is valued under \$10,000. This may be obtained through Probate Court.**

**A MINOR CLAIMANT (UNDER AGE 18) SHOULD NOT COMPLETE THIS FORM. RATHER, THE FORM SHOULD BE COMPLETED BY THE MINOR CLAIMANT'S CONSERVATOR OR LEGAL GUARDIAN. PLEASE FORWARD CERTIFICATE OF APPOINTMENT OR OTHER LEGAL DOCUMENTATION.**

Please complete and return this form, along with the appropriate documents, to the address shown above as soon as possible to ensure prompt, accurate payment(s).

Call our Customer Service Department with any questions: 1-800-868-9002 (in state) or 803-737-6800.

# **Form 4251**

## ***Notice of Withholding***

**(Used for a beneficiary other than a spouse, QDRO alternate payee, or estate)**

**This form is used for lump sum payouts and does not include a rollover option**



**NOTICE OF WITHHOLDING**  
**Nonspouse Beneficiary Claims**  
State Budget and Control Board - South Carolina Retirement Systems  
Customer Death Claims Unit  
PO Box 11960, Columbia SC 29211-1960

OFFICE USE ONLY  
System:  
☒ SCRS ☐ PORS  
☐ JSRS ☐ GARS

Name of Deceased Member/Retiree:  
JOHN DOE

Decedent's Social Security Number:  
000-00-0000

Name of Beneficiary:  
MONROE PAD

Beneficiary's SSN:  
000-00-0000

**SECTION I Payout of decedent's retirement contributions and interest**

**FEDERAL INCOME TAX WITHHOLDING**

The taxable portion of your lump-sum distribution is subject to federal income tax withholding. The taxable portion consists of all interest, plus retirement contributions deducted after July 1, 1982, plus any rollovers to purchase service. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your lump-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.

Check the appropriate box(es) below:

- ☐ I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.  
☐ I WANT AN ADDITIONAL \$ \_\_\_\_\_ WITHHELD FROM THIS PAYMENT (must also check box above).  
☒ I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.

**SECTION II Payout of decedent's Teacher and Employee Retention Incentive (TERI) funds**

**FEDERAL INCOME TAX WITHHOLDING**

The taxable portion of your single-sum distribution is subject to federal income tax withholding. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your single-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.

Check the appropriate box(es) below:

- ☒ I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.  
☒ I WANT AN ADDITIONAL \$ 500.00 WITHHELD FROM THIS PAYMENT (must also check box above).  
☐ I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.

**SOUTH CAROLINA INCOME TAX WITHHOLDING**

The taxable portion of this single-sum distribution may also be subject to South Carolina income taxes. No SC state taxes are required to be withheld from your distribution; however, if you wish for SC state taxes to be withheld, you may specify a flat dollar amount to be withheld.

Check the appropriate box below:

- ☒ I WANT \$ 800.00 SOUTH CAROLINA INCOME TAX WITHHELD FROM THIS PAYMENT.  
☐ I DO NOT WANT SOUTH CAROLINA STATE INCOME TAX WITHHELD FROM THIS PAYMENT.

**SECTION III Please read the information above before signing this form IN BLUE INK.**

I hereby certify I have read and understand the information above, and I agree to the terms stated.

Signature of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Please call SC Retirement Systems Customer Service with any questions: 800-868-9002 (in state) or 803-737-6800.

# **Form 4255**

# ***Payout Election Form***

**(Only used for a Spousal Beneficiary  
or QDRO Alternate Payee)**

**This form is used for lump sum payments  
and has a rollover option**

**PAYOUT ELECTION FORM**  
**State Budget and Control Board - South Carolina Retirement Systems**  
**Customer Death Claims Unit**

**OFFICE USE ONLY**  
System:  
☒ SCRS ☐ GARS  
☐ PORS ☐ JSRS

Name of Deceased Member/Retiree:  
JOHN DOE

Decedent's Social Security Number:  
000-00-0000

Name of Beneficiary:  
JANE DOE

Beneficiary's SSN:  
000-00-0001

**SECTION I PAYOUT OF DECEDENT'S RETIREMENT CONTRIBUTIONS AND INTEREST** (See page 2 of this form for detailed explanation.)  
Contributions and interest total \$10,000 Of this amount, up to \$6500.00 is eligible for rollover.

Please select ONE of the payment methods below:

☐ **Lump-Sum Payment**  
Pay all of the decedent's retirement contributions and interest (less required federal tax withholding) directly to me.

☒ **Direct Rollover**  
Rollover the amount eligible (taxable portion) to the IRA/plan named below.  
The portion you rollover will not be taxed until you take it out of the IRA/plan.  
(Information must be provided below.)

☐ **Partial Rollover**  
Rollover the partial amount of \$ to the IRA/plan named below.  
Pay the remaining balance (less required federal tax withholding) directly to me in a lump-sum payment.  
(Information must be provided below.)

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION II PAYOUT OF DECEDENT'S TEACHER AND EMPLOYEE RETENTION INCENTIVE (TERI) FUNDS** (See page 2 of this form for detailed explanation.) TERI funds total \$50,000 Of this amount, up to \$49,000 is eligible for rollover.

Please select ONE of the payment methods below:

☐ **Single-Sum Payment**  
Pay all of the decedent's TERI funds (less required federal tax withholding) directly to me.

☒ **Direct Rollover**  
Rollover the amount eligible (taxable portion) to the IRA/plan named below.  
The portion you rollover will not be taxed until you take it out of the IRA/plan.  
(Information must be provided below.)

☐ **Partial Rollover**  
Rollover the partial amount of \$ to the IRA/plan named below.  
Pay the remaining balance (less required federal tax withholding) directly to me in a single-sum payment.  
(Information must be provided below.)

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION III PLEASE READ THE INFORMATION ON PAGE 2 BEFORE SIGNING THIS FORM IN BLUE INK.**

I hereby certify I have read and understand the information on page 2, including all tax information, and I agree to the terms stated.

SIGNATURE OF BENEFICIARY \_\_\_\_\_ DATE \_\_\_\_\_ (MM-DD-YYYY)

**Form 4250**  
***Employer***  
***Certification of Final***  
***Retirement***  
***Deductions For A***  
***Deceased Retired***  
***Member***

**CERTIFICATION OF FINAL RETIREMENT DEDUCTIONS  
FOR A DECEASED RETIRED MEMBER**

complete this form within 10 days after issuance of the employee's final paycheck. Please *do not estimate* any amounts. *Do not active member wages on this form. Active wages and contributions should be reported on Form 6202/6203.*

ANY EMPLOYER

SSN: 000-00-000

**JOHN DOE**

SCRS OR PORS

DOD : 11/04/2006

Emp Code: 000.00

**SECTION 1: Final Quarters of Compensation (as they will appear on the Quarterly Reports)**

Compensation and contribution information from your most recent Quarterly Report for the above retiree is shown below. Please verify this information to ensure that it is correct. If any information below is not correct, please strike through it, supply the correct information for that quarter, and initial and date your correction. We also ask that you provide the compensation and contributions for subsequent quarters of the retiree's employment.

Quarter Begin Date:  
/2006

Quarter End Date:  
03/31/2006

Period Compensation:  
\$6,000.00

Contribution:  
\$375.00

**1st QUARTER**

<u>Quarter End Date</u>	<u>Period Compensation</u>	<u>Contribution</u>	<u>Contract Length</u>	<u>Months Paid</u>
<u>09/30/2006</u>	<u>12,218.46</u>	<u>794.20</u>	<u>12</u>	<u>3</u>

**2nd QUARTER**

<u>Quarter End Date</u>	<u>Period Compensation</u>	<u>Contribution</u>	<u>Contract Length</u>	<u>Months Paid</u>
<u>12/31/2006</u>	<u>8,145.64</u>	<u>529.47</u>	<u>12</u>	<u>2</u>
Amount for <u>32.26</u> Unused Sick Leave Days	+ <u>6,060.42</u>	+ <u>393.93</u>		
<b>Total For Quarter</b>	= <u>14,206.06</u>	= <u>923.40</u>		

Number of days in a contract or normal work year: 260

Daily rate of pay: 187.98

If the employee was working other than a 7.5 or 8 hour work day (i.e. 10, 12, 24 hour shift), please enter the following:  
Number of hours in a shift: \_\_\_\_\_ \* Hourly rate of pay: \_\_\_\_\_

**SECTION 2: Certification**

I certify that the information I have provided above, including any corrections, is true and correct to the best of my knowledge.

_____ (Date)	_____ (Authorized Signature)	_____ (Business Phone/Ext)	_____ (Fax Number)
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# **Inactive Member Death Claims**

# **When an Inactive Member Death Occurs**

- **Retirement Systems verifies deceased inactive member's designated beneficiaries**
- **Initial sympathy letter is mailed to the deceased inactive member's designated beneficiaries**

# **Inactive Member Sample Sympathy Letter**



# South Carolina Retirement Systems

## INACTIVE MEMBER DEATH – SAMPLE SYMPATHY LETTER

TEST TEST TEST TEST TEST

ESTATE OF JANE DOE  
111 DOE LANE  
COLUMBIA, SC 29221

SSN:  
Claim ID:  
System: SCRS  
Type: Inactive  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions you may have and otherwise assist you.

As you may be aware, the deceased member's estate is due benefits paid by the South Carolina Retirement System. We are in the process of obtaining any employer information that we require in order to accurately determine the benefits that are due. Since we also require a death certificate for this determination, we ask that you provide us with a death certificate (either an original or a certified true copy) as soon as one is available.

Since benefits will be payable to the deceased member's estate, we will need either a certificate of appointment for the personal representative or an affidavit for collection of personal property. Either document may be obtained from probate court; however, you may wish to wait until you learn the benefit amount(s) before applying for an affidavit for collection of personal property. You may return these materials (death certificate, certificate of appointment or affidavit) to our office in the envelope we have provided.

Once we receive the death certificate and any required employer information, we will calculate the benefits that the estate is due and send the paperwork to the appropriate person(s). The personal representative (or successors identified on an affidavit for collection of personal property) should then complete the paperwork and return it to our office.

Again, we wish to extend our sympathy. If you have any questions or would like any further assistance, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

Enclosure

# **Inactive Member Death Claim Payment**

- **Refund of member contributions plus interest.**

**or**

- **A deferred annuity to the surviving beneficiary if the member was eligible per current statute/policy, although retirement application had not been filed at time of death.**

# When Can I Retire in SCRS?

- **If Your Current Membership Began After December 31, 2000  
(5 years earned service required)**

## Regular Service Retirement (Unreduced Annuity)

- 28 years of service credit on date of retirement [of which, at least 5 combined (SCRS/PORS/GARS) must be earned service]
- Age 65 on date of retirement with at least five years of combined (SCRS/PORS/GARS) earned service at retirement

## Early Retirement (Reduced 5% for each year of age less than 65) 25 % maximum reduction)

- Age 60 on date of retirement with at least five years of combined (SCRS/PORS/GARS) earned service

## Early Retirement (Reduced 4% for each year of service less than 28) (12% maximum reduction)

- At least age 55 on date of retirement and a minimum of 25 years of service credit [of which, at least 5 combined (SCRS/PORS/GARS) must be earned service. Not eligible for a COLA until second July 1 after turning age 60 or would have reached 28 years. Health coverage restrictions may also apply.

# When Can I Retire in SCRS?

- **If Your Current Membership Began Before January 1, 2001:**  
(Auxiliary Vesting)

## Regular Service Retirement (Unreduced Annuity):

- 28 years of service credit on date of retirement [of which, at least 5 combined (SCRS/PORS/GARS) creditable years of service were accrued on December 31, 2000, and not subsequently withdrawn];
- Age 65 on date of retirement with at least five years of combined creditable service (SCRS/PORS/GARS) accrued on December 31, 2000, and not subsequently withdrawn;

## Early Retirement (Reduced 5% for each year of age less than 65) (25 % maximum reduction)

- Age 60 on date of retirement with at least five years of combined creditable (SCRS/PORS/GARS) service were accrued on December 31, 2000 and not subsequently withdrawn;
- Both age 60 on December 31, 2000, and an active, contributing member on December 31, 2000;

## Early Retirement (Reduced 4% for each year of service less than 28) (12% maximum reduction)

- At least age 55 on date of retirement and a minimum of 25 years of service credit [of which, at least 5 combined (SCRS/PORS/GARS) creditable years of service were accrued on December 31, 2000, and not subsequently withdrawn.] Not eligible for a COLA until second July 1 after turning age 60 or would have reached 28 years, Health coverage restrictions may also apply.

# When Can I Retire in PORs?

- **If Your Current Membership Began After December 31, 2000  
( 5 years earned service required)**

## Regular Service Retirement (Unreduced Annuity)

- 25 years of service credit on date of retirement [of which, at least 5 combined (SCRS/PORS/GARS) must be earned service at retirement]

## Early Service Retirement (Unreduced Annuity):

- Age 55 on date of retirement [of which, at least five years of combined (SCRS/PORS/GARS) earned service at retirement]

- **If Your Current Membership Began Before January 1, 2001:  
(Auxiliary Vesting)**

## Regular Service Retirement (Unreduced Annuity):

- 25 years of service credit on date of retirement [of which, at least 5 combined (SCRS/PORS/GARS) creditable years of service were accrued on December 31, 2000, and not subsequently withdrawn];

## Early Service Retirement (Unreduced Annuity):

- Age 55 on date of retirement with at least 5 combined (SCRS/PORS/GARS) creditable service were accrued on December 31, 2000, and not subsequently withdrawn;

# **Documents Needed to Process an Inactive Member Death Claim**

- **An original death certificate**
- **Legible copy of each beneficiary's current driver's license (or state-issued ID card) and Social Security card**
- **Legible copy of the beneficiary's birth certificate and a Form 7202, if monthly benefit is selected**
- **A properly completed Form 4151(Application for Death Benefits) from each beneficiary**
- **A properly completed Form 4251(Notice of Withholding Non-Periodic Distribution) from each non-spouse beneficiary or 4255 (Payroll Election Form) from a spousal beneficiary if a lump-sum payout is selected (neither form is necessary for estate payments)**

# **Documents Needed to Process an Inactive Member Death Claim**

- **Original, raised seal Certificate of Appointment or original, raised seal Affidavit for Collection of Personal Property from Probate Court (If payment is to an estate)**
- **If information requested is not received, same follow-up process for retiree death claims is used**

**Form 7202**  
***Beneficiary***  
***Pension Withholding***  
***Certificate/Automatic***  
***Deposit Authorization***



**PENSION WITHHOLDING CERTIFICATE /  
AUTOMATIC DEPOSIT AUTHORIZATION**  
State Budget and Control Board  
South Carolina Retirement Systems  
Box 11960, Columbia, SC 29211-1960

Print or type in black ink

☐ Check box if new address

Payee Last Name & Suffix Doe	First/Middle Name Jane	Social Security Number 000-00-0000	Phone Number 803-000-0001
---------------------------------	---------------------------	---------------------------------------	------------------------------

Mailing Address 1 Main Street	City Columbia	State SC	ZIP+4 29229
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Check appropriate system:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> South Carolina Retirement System | <input type="checkbox"/> General Assembly Retirement System      | <input type="checkbox"/> Police Insurance and Annuity Fund      |
| <input type="checkbox"/> Police Officers Retirement System           | <input type="checkbox"/> Retirement System for Judges/Solicitors | <input type="checkbox"/> Accidental Death Program (police only) |
|  | <input type="checkbox"/> National Guard Retirement System        |   |

Indicate whether you are receiving checks as a retiree of one of the above systems or as a beneficiary from the account of a former member or retiree. (Note: Complete a separate form for each system and/or account if receiving multiple checks.)

<input type="checkbox"/> As a retiree	<input checked="" type="checkbox"/> As beneficiary of a former member or retiree	SSN of former member or retiree	111-11-1111
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**PENSION WITHHOLDING**

**FEDERAL INCOME TAX**

- ☐ Do not withhold federal income tax from my monthly benefits.
- ☒ Withhold federal income tax from my monthly benefits based on the tax table and exemptions claimed below.
- ☐ I want to have \$\_\_\_\_\_ (please round to the nearest dollar) per month withheld for federal income tax, if that amount is greater than the withholding based on tax tables and the exemptions claimed below. Otherwise, withhold in accordance with the tax tables. (Note: You must complete the marital status and exemption sections below.)

**MARITAL STATUS** ☒ Single or Widowed ☐ Married **EXEMPTIONS** <sup>01</sup> Enter Number of Exemptions Claimed

**SOUTH CAROLINA INCOME TAX**

Note: SC National Guard retirement income is exempt from SC withholding.

- ☐ Do not withhold South Carolina state income tax from my monthly benefits.
- ☒ Withhold South Carolina state income tax from my monthly benefits based on the tax table and (enter #) <sup>01</sup> exemptions.
- ☐ I want to have \$\_\_\_\_\_ (please round to nearest dollar) per month withheld for South Carolina state income tax. (Note: This amount cannot be less than \$10)

**AUTOMATIC DEPOSIT AUTHORIZATION**

Type of account  
(check one)

- ☐ checking  
☒ savings

All payees are encouraged to participate in direct deposit unless a special exemption is approved by the Retirement Systems.

TAPE A VOIDED CHECK HERE (no deposit slips or starter checks, please)

Complete information only if bank account has no checks.

Financial Institution's Name SC Bank	Transit/Routing Number 0000000000	Account Number 000000
---	--------------------------------------	--------------------------

(Note: This form must be signed and dated. See notes on reverse side/page 2)

PAYEE'S SIGNATURE (or properly authorized attorney-in-fact under a Power of Attorney on file with SC Retirement Systems)

DATE

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Please call SC Retirement Systems Customer Service with any questions (800) 868-9002 (in state) or (803) 737-6800

**Form 4151**  
***Beneficiary***  
***Election of Death***  
***Benefits***

Form 4151 Revised 03/13/2003 Page 1  Print or type in black ink		<b>ELECTION OF DEATH BENEFITS</b> State Budget and Control Board South Carolina Retirement Systems Customer Service Death Claims Box 11960, Columbia SC 29211-1960		<b>TYPE OF COVERAGE</b> <input type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> State ORP <input type="checkbox"/> JSRS <input type="checkbox"/> GARS Bene. _____ of _____	
Name of Decedent: JOHN DOE		Social Security Number: 000-00-0000			
Beneficiary's Name: JANE DOE		Relationship to Decedent: SPOUSE			
<b>SECTION I DEATH BENEFIT PAYMENT ELECTION</b>					
Please choose <u>ONE</u> of the death benefit payment selections by marking the appropriate box.		PAYMENT SELECTION 1 <input type="checkbox"/>	PAYMENT SELECTION 2 <input type="checkbox"/>	PAYMENT SELECTION 3 <input type="checkbox"/>	
GROUP LIFE INSURANCE (Not taxable)	Active Member	\$24,000.00	\$24,000.00		
	Retired Member				
* PAYOUT OF CONTRIBUTIONS AND INTEREST	Pre-Tax Funds	\$10,000.00			
	After-Tax Funds				
** ESTIMATED MONTHLY SURVIVOR ANNUITY PAID FOR REMAINING LIFETIME OF BENEFICIARY	Service Retirement		\$550.00		
	Disability Retirement				
See page 2 for a detailed explanation of death benefit payment selections.  * Please review the enclosed Form 4251 or Form 4255 for tax information before making this selection. You must complete the enclosed Form 4251 or Form 4255 if you select a payout of contributions and interest. ** If you make a selection that pays a monthly annuity, please attach a copy of your birth certificate. You must also complete the enclosed Form 7202.					
<b>SECTION II SIGNATURE AND NOTARY</b>					
Beneficiary's Social Security Number: 000-00-0001		Address for Mailing Payment(s): 1995 19TH STREET E		Phone Number: 775 234 5678	
City: LOST TREE		State: MI	Zip+4: 77777-7777		
<b>SIGN IN BLUE INK</b>  BENEFICIARY'S SIGNATURE _____ DATE _____ <small>(Certified copy of legal authorization required with signature other than applicant's)</small>  WITNESS _____ DATE _____ <small>(Required only when signed by mark)</small>  STATE OF _____ COUNTY OF _____  ACKNOWLEDGED BEFORE ME THIS DATE _____ NOTARY NAME _____  MY COMMISSION EXPIRES _____ NOTARY SIGNATURE _____  NOTARY WORK TELEPHONE _____					
Return completed form to the SC Retirement Systems (see address above) Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800					

**Form 4251**  
***Beneficiary***  
***Notice of***  
***Withholding***

**NOTICE OF WITHHOLDING**  
**Nonspouse Beneficiary Claims**  
State Budget and Control Board - South Carolina Retirement Systems  
Customer Death Claims Unit  
PO Box 11960, Columbia SC 29211-1960

OFFICE USE ONLY  
System:  
☒ SCRS ☐ PORS  
☐ JSRS ☐ GARS

Name of Deceased Member/Retiree:  
JOHN DOE

Decedent's Social Security Number:  
000-00-0000

Name of Beneficiary:  
MONROE PAD

Beneficiary's SSN:  
000-00-0000

**SECTION I Payout of decedent's retirement contributions and interest**

**FEDERAL INCOME TAX WITHHOLDING**

The taxable portion of your lump-sum distribution is subject to federal income tax withholding. The taxable portion consists of all interest, plus retirement contributions deducted after July 1, 1982, plus any rollovers to purchase service. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your lump-sum distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are not adequate.

Check the appropriate box(es) below:

- ☐ I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.  
☐ I WANT AN ADDITIONAL \$ \_\_\_\_\_ WITHHELD FROM THIS PAYMENT (must also check box above).  
☒ I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.

**SECTION II Payout of decedent's Teacher and Employee Retention Incentive (TERI) funds**

**FEDERAL INCOME TAX WITHHOLDING**

The taxable portion of your single-sum distribution is subject to federal income tax withholding. Please check the appropriate box(es) below to indicate if you want 10 percent federal tax withheld, if you want additional federal tax withheld, or if you do not want any federal tax withheld. You may revoke or change your election at any time before the payment is made.

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Check the appropriate box(es) below:

- ☒ I WANT 10 PERCENT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.  
☒ I WANT AN ADDITIONAL \$ 500.00 WITHHELD FROM THIS PAYMENT (must also check box above).  
☐ I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM THIS PAYMENT.

**SOUTH CAROLINA INCOME TAX WITHHOLDING**

The taxable portion of this single-sum distribution may also be subject to South Carolina income taxes. No SC state taxes are required to be withheld from your distribution; however, if you wish for SC state taxes to be withheld, you may specify a flat dollar amount to be withheld.

Check the appropriate box below:

- ☒ I WANT \$ 800.00 SOUTH CAROLINA INCOME TAX WITHHELD FROM THIS PAYMENT.  
☐ I DO NOT WANT SOUTH CAROLINA STATE INCOME TAX WITHHELD FROM THIS PAYMENT.

**SECTION III Please read the information above before signing this form IN BLUE INK.**

I hereby certify I have read and understand the information above, and I agree to the terms stated.

Signature of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Please call SC Retirement Systems Customer Service with any questions: 800-868-9002 (in state) or 803-737-6800.

# **Form 4255**

# ***Payout Election Form***

**(Only used for a Spousal Beneficiary  
or QDRO Alternate Payee)**

**This form is used for lump sum payments  
and has a rollover option**

**PAYOUT ELECTION FORM**  
**State Budget and Control Board - South Carolina Retirement Systems**  
**Customer Death Claims Unit**

**OFFICE USE ONLY**  
System:  
☒ SCRS ☐ GARS  
☐ PORS ☐ JSRS

Name of Deceased Member/Retiree:  
JOHN DOE

Decedent's Social Security Number:  
000-00-0000

Name of Beneficiary:  
JANE DOE

Beneficiary's SSN:  
000-00-0001

**SECTION I PAYOUT OF DECEDENT'S RETIREMENT CONTRIBUTIONS AND INTEREST** (See page 2 of this form for detailed explanation.)  
Contributions and interest total \$10,000 Of this amount, up to \$6500.00 is eligible for rollover.

Please select ONE of the payment methods below:

☐ **Lump-Sum Payment**  
Pay all of the decedent's retirement contributions and interest (less required federal tax withholding) directly to me.

☒ **Direct Rollover**  
Rollover the amount eligible (taxable portion) to the IRA/plan named below.  
The portion you rollover will not be taxed until you take it out of the IRA/plan.  
(Information must be provided below.)

☐ **Partial Rollover**  
Rollover the partial amount of \$ to the IRA/plan named below.  
Pay the remaining balance (less required federal tax withholding) directly to me in a lump-sum payment.  
(Information must be provided below.)

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION II PAYOUT OF DECEDENT'S TEACHER AND EMPLOYEE RETENTION INCENTIVE (TERI) FUNDS** (See page 2 of this form for detailed explanation.) TERI funds total \$50,000 Of this amount, up to \$49,000 is eligible for rollover.

Please select ONE of the payment methods below:

☐ **Single-Sum Payment**  
Pay all of the decedent's TERI funds (less required federal tax withholding) directly to me.

☒ **Direct Rollover**  
Rollover the amount eligible (taxable portion) to the IRA/plan named below.  
The portion you rollover will not be taxed until you take it out of the IRA/plan.  
(Information must be provided below.)

☐ **Partial Rollover**  
Rollover the partial amount of \$ to the IRA/plan named below.  
Pay the remaining balance (less required federal tax withholding) directly to me in a single-sum payment.  
(Information must be provided below.)

Complete this if you selected a direct or partial rollover above.

IRA/Plan Account Number (limit to 25 characters)

000-00-0001

Name of IRA Custodian/Plan Trustee

SC DEFERRED COMPENSATION PROGRAM

C/O CITISTREET

P.O. Box or Street Address

PO BOX 5182

City

BOSTON

State

MA

Zip + 4

02206

**Account Types Available**  
(Check only ONE box)

☐ IRA

☒ Qualified Plan - 401(k) or 401(a)

☐ Annuity Plan - 403(b)

☐ Governmental Plan - 457

**SECTION III PLEASE READ THE INFORMATION ON PAGE 2 BEFORE SIGNING THIS FORM IN BLUE INK.**

I hereby certify I have read and understand the information on page 2, including all tax information, and I agree to the terms stated.

SIGNATURE OF BENEFICIARY \_\_\_\_\_ DATE \_\_\_\_\_ (MM-DD-YYYY)

# **Beneficiary Annuitant and Qualified Domestic Relations Order (QDRO) Alternate Payee Death Claims**

**(Information Only- No Employer Forms required; however, Employers are occasionally contacted and notify the SCRS of death)**



# **Beneficiary Annuitant and QDRO Alternate Payee**

- **Beneficiary Annuitant:** At time of death, beneficiary is receiving a monthly annuity from a deceased retiree.
- **QDRO Alternate Payee:**
  1. At time of death, QDRO Alternate Payee is receiving a monthly annuity by court order from deceased retiree.
  2. A Qualified Domestic Relation Order is a court order that recognizes and creates a former spouse's portion of a member's retirement annuity as a QDRO alternate payee. QDROs must be pre-approved by SCRS.

# **Death of a Beneficiary Annuitant or QDRO Alternate Payee**

**If no benefits are payable:**

- **Initial sympathy letter is mailed**

**If benefits are payable:**

- **Initial sympathy letter is mailed to the deceased annuitant's estate with the appropriate death claim forms attached**

**Beneficiary Annuitant  
and QDRO  
Alternate Payee  
Sample  
Sympathy  
Letter**

# South Carolina Retirement Systems

## Beneficiary Annuity and QDRO Alternate Payee's Sample Sympathy Letter- No Benefits Due

TEST TEST TEST TEST TEST

TO THE FAMILY OF

~~PO BOX 1040~~  
~~PAGELAND SC 29728~~

SSN: [REDACTED]  
Claim ID: [REDACTED]  
System: SCRS  
Type: Retiree  
Date: June 01, 2004

Please accept our condolences upon the death of [REDACTED]. While we understand that this is a difficult time for your family, we thought it best to take the initiative in writing to you regarding retirement matters. We hope that by doing so we will answer any questions your family may have and assist you in settling the estate.

Your family member was receiving a monthly benefit from the Retirement Systems. The final monthly benefit was issued on 09/30/2002. We have reviewed our records and verified that there are no additional benefits due. Because no additional benefits are due, we do not require any action on your part at this time.

Again, the Retirement Systems wishes to extend its sympathy to your family. Should you have any questions about this letter or require assistance with any retirement matter, please call Customer Service at 1-800-868-9002 or (803) 737-6800.

# **Beneficiary Annuitant Death Benefits**

- **The full benefit for the month the beneficiary annuitant died is payable to his/her estate if it has not already been paid to the beneficiary annuitant**
- **The Retirement Systems will refund the remaining balance (if any) in the original retiree's account to the beneficiary annuitant's estate provided no other beneficiary annuitants are living**

# **Benefits Payable When a QDRO Alternate Payee Predeceases a QDRO Retiree**

**The full benefit for the month the QDRO alternate payee died is payable to his/her estate if it has not already been paid to the QDRO alternate payee.**

# **Documents Needed for a Beneficiary Annuitant or QDRO Alternate Payee Death Claim**

- **An original death certificate**
- **Legible copy of the executor/successor(s) current driver's license (or state-issued ID card) and Social Security card**
- **A properly completed Form 4153 (Claim and Proof of Death)**

# **Documents Needed for a Beneficiary Annuitant or QDRO Alternate Payee Death Claim**

- **Original, raised seal Certificate of Appointment to designate a personal representative(s) or original, raised seal Affidavit for Collection of Personal Property to designate successor(s) obtained from Probate Court (if an estate)**
- **If information requested is not received, same follow up process for retiree death claims is used**



**Form 4153**

***Claim and Proof  
of Death***

**CLAIM AND PROOF OF DEATH**  
**State Budget and Control Board**  
**South Carolina Retirement Systems**  
**Death Claims Processing**  
**PO Box 11960, Columbia SC 29211-1960**

Deceased Retiree/Beneficiary:

JANE DOE

Decedent's Social Security Number:

000-00-0001

**Section I**

**Claimant**

Name:

JOHN DOE II

Social Security Number:

000-00-0002

Address: 9500 SCOTCH STREET

City:

NEW WATER

State:

AZ

Zip + 4:

55555

Telephone:

553 772 2222

Relationship to Decedent:

☐

Beneficiary

☒

Personal Representative

☐

Both Beneficiary and Personal Representative

**Section II**

**Notary Statement**

CLAIMANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Certified copy of legal authorization required with signature other than applicant's)

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

(Required only when signed by mark)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ACKNOWLEDGED BEFORE ME THIS DATE \_\_\_\_\_

NOTARY NAME \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_

NOTARY WORK TELEPHONE \_\_\_\_\_

**Section III**

**Proof of Death**

**For all claims, please forward the following:**

**Certificate of Death of Retiree/Beneficiary - Either an original or a certified true copy.**

**Copy of Each Claimant's Driver's License.**

**Copy of Each Claimant's Social Security Card.**

**For only those claims to be paid to the decedent's estate, please forward one of these documents:**

**Certificate of Appointment for the Personal Representative - Written statement of qualification enabling an individual to handle the estate of the decedent. This may be obtained through Probate Court.**

**OR**

**Affidavit for Collection of Personal Property - A legal document provided when a decedent's estate is valued under \$10,000. This may be obtained through Probate Court.**

**A MINOR CLAIMANT (UNDER AGE 18) SHOULD NOT COMPLETE THIS FORM. RATHER, THE FORM SHOULD BE COMPLETED BY THE MINOR CLAIMANT'S CONSERVATOR OR LEGAL GUARDIAN. PLEASE FORWARD CERTIFICATE OF APPOINTMENT OR OTHER LEGAL DOCUMENTATION.**

Please complete and return this form, along with the appropriate documents, to the address shown above as soon as possible to ensure prompt, accurate payment(s).

Call our Customer Service Department with any questions: 1-800-868-9002 (in state) or 803-737-6800.

# Questions?